

SECTION 5

Medi-Cal Administrative Activities (MAA) Claiming Plan

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MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN OVERVIEW

Section five subsection two of this manual contains the Department of Health Services (DHS) publication “Preparing the Medi-Cal Administrative Activities Claiming Plan.” This publication includes the standardized formats, descriptions and instructions for Local Educational Consortia (LECs) to claim Federal Financial Participation for administrative activities. These administrative activities, known as Medi-Cal Administrative Activities, (MAA) are defined therein. The HCFA and the State agree that these Medi-Cal administrative activities are allowable, the costs of which will be matched by HCFA, so long as the rules outlined in the publication are adhered to.

Each LEC who intends to claim for the costs of MAA must submit a comprehensive MAA claiming plan to the DHS. Claiming plans and subsequent amendments are effective the first month of the quarter in which they are submitted. Such a claiming plan shall describe in detail all of the following:

- The claiming units for which claims will be submitted, the nature of their work, their location, and the classification of employees involved.
- The categories of Medi-Cal administrative activities which the each claiming unit intends to claim;
- The supporting documentation the claiming unit will maintain to support its claim; and
- How the costs related to these Medi-Cal administrative activities will be developed and documented.

For certain categories of MAA, additional documentation must be submitted with the claiming plan, as explained in the publication.

Once submitted to the DHS, each LEC's claiming plan will be reviewed in a timely manner by the DHS and, after acceptance, submitted to HCFA. HCFA agrees to review and comment on these detailed claiming plans, and to approve acceptable plans, in a timely manner. Once approved by the DHS and HCFA, these MAA claiming plans will become part of the contract between the LECs and the DHS and will form the basis for Medi-Cal administrative claiming. Claims submitted to the DHS without an approved claiming plan or which do not agree with the approved claiming plan will be rejected. A claiming plan will remain in effect from year to year until amended. A LEC may submit amendments to its claiming plan at any time. These amendments will be subject to the approval process described above.

To assist the LECs in the preparation and submission of MAA Claiming Plan amendments a MAA Claiming Plan Amendment Checklist has been developed, see Section 5-4-1 of the manual. It is required that the checklist be completed and accompany the MAA Claiming Plan amendments. The checklist is not an all-inclusive listing of Claiming Plan amendment situations. If a circumstance arises that is not listed on the checklist, please explain the situation under number 30, of the checklist, or attach an additional explanation. Amendments should be submitted as a comprehensive package for the entire LEC and must contain a revised “Certification Statement” with a new date and signature. Only the pages of the existing MAA Claiming Plan that are changing need to be amended and submitted to DHS. Please do not resubmit the entire MAA Claiming Plan. The amended pages are to be numbered using the original page number and consecutive letters. For example, if the original page that is to be amended (for the county’s Public Health Claiming Unit) is page PH-8, the amended pages (if three pages are replacing the original page) would be pages PH-8a, PH8b and PH-8c. The pages must be easily identifiable by the LEC, DHS and HFCA. The MAA Claiming Plan amendment package must be submitted in duplicate. The original copy is for DHS and the second copy is for HFCA.

Please note that if the proposed MAA Claiming Plan amendment will require that a claiming unit conduct a time survey in order to begin claiming, the LEC must request authorization from DHS thirty (30) days prior to the beginning of the quarter in which the time survey is to be conducted.

PREPARING THE MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

(Standardized Formats Including Descriptions And Instructions)

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CERTIFICATION STATEMENT
(See requirements and instructions on reverse)

(1) Local Educational Consortium (LEC) (Service Region)	
(2) LEC Address	(3) LEC Medi-Cal Administrative Activities Coordinator's Phone Number
<p>In signing this certification, I am certifying that the information provided herein is true and correct and accurately reflects the performance of the Medi-Cal Administrative Activities described in this claiming plan.</p> <p>I am also certifying that invoices submitted to the state Department of Health Services for reimbursement shall be based on the approved claiming plan and shall be submitted in accordance with the MAA invoice instructions. Any knowing misrepresentation of the activities described herein may constitute violation of the federal False Claims Act.</p> <p>I understand that this claiming plan shall be subject to the review and approval of the state Department of Health Services and the Health Care Financing Administration.</p>	
<p>_____</p> <p>.....</p> <p>..... (4) Typed Name (5) Signature</p> <p>.....(LEC Medi-Cal Administrative Activities Coordinator)..(LEC Medi-Cal Administrative Coordinator)</p>	
<p>_____</p> <p>.....</p> <p>..... (6) Title (7) Date</p>	

MEDI-CAL ADMINISTRATIVE ACTIVITIES TO BE CLAIMED

(Refer to Attached Pages _____ to _____)

CLAIMING PLAN REQUIREMENTS

In order for Local Educational Consortium (LEC) to receive federal matching funds for performing allowable Medi-Cal Administrative Activities (MAA), each LEC is required to submit a comprehensive MAA claiming plan package to the Department of Health Services (DHS) for review and approval by DHS and the federal Health care Financing Administration (HCFA). A claiming plan package consists of separate claiming plans for each claiming unit performing MAA. LECs must submit two claiming plan packages to the DHS. One set must be submitted in a three-ring binder. The second set will be forwarded to HCFA for their review.

A claiming plan and any subsequent amendments will remain in effect from year to year. A claiming plan must be amended each time the scope of MAA is significantly changed or a new type of activity is undertaken. For example, a claiming plan must be amended when a new outreach campaign or program is instituted, or a new claiming unit performing MAA is created. An LEC may submit amendments to any of its claiming plans at any time. Amendments are subject to DHS and HCFA approval. The DHS will notify LECs in writing of the approval/disapproval of all amendments. Claims should only be made under amended claiming plans when these have been approved and are effective for the period claimed.

The effective date of the approved claiming plan and any subsequent amendments shall be no earlier than the first day of the calendar quarter in which the claiming plan is submitted.

To facilitate the review process, a standardized claiming plan format, for use by LECs and claiming units, has been developed and is included with the instructions. This format must be utilized by LECs intending to claim MAA.

Following the submission of claiming plans or amendments to the DHS, the DHS will review the claiming plans or amendments and forward the results of their review along with one set of the claiming plans or amendments to HCFA for their review. HCFA will notify the DHS in writing of the results of their review. DHS will notify the LECs in writing of the approval/disapproval of their claiming plans or amendments. The DHS will provide technical assistance to LECs, upon request, in the event of disapproval.

Invoices submitted to the DHS without an approved claiming plan or that do not agree with the approved claiming plan in effect for the period claimed or that do not agree with the MAA invoice instructions will be rejected.

INSTRUCTIONS FOR LOCAL EDUCATIONAL CONSORTIA (LECs)

Attach to the front of the entire claiming plan

1. A table of contents, listing by section, each claiming unit included in the claiming plans.
2. A complete certification statement by entering the following:
 - (1) The name of the LEC.
 - (2) The LEC's address.
 - (3) The MAA coordinator's phone number.
 - (4) The typed name of the MAA coordinator.
 - (5) The signature of the MAA coordinator.
 - (6) The title of the MAA coordinator
 - (7) The date the claiming plan package is signed.

Claiming plan packages are to be submitted to:

Department of Health Services
Administrative Claiming Operations Unit
714 P Street, Room 1640
Sacramento, CA 95814

CLAIMING UNIT FUNCTIONS

(1) LOCAL EDUCATIONAL CONSORTIUM: _____ SUBMITTAL DATE: _____
(SERVICE REGION)

(2) NAME OF CLAIMING UNIT:	(3) NO. OF STAFF:
(4) CALIFORNIA DISTRICT CODE	
(5) ADDRESS	
(6) CONTACT PERSON:	
(7) ADDRESS : (If different than above)	(8) PHONE NUMBER:
(9) DESCRIPTION OF CLAIMING UNIT FUNCTIONS:	

(10) STAFF JOB CLASSIFICATIONS	(11) NUMBER OF STAFF		(12) MEDI-CAL ADMINISTRATIVE ACTIVITIES (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)									
	SPMP	NON SPMP	A	B1 11	B2	B3	C	D	E	F	G	H

A = Medi-Cal Outreach A (Not Discounted)
 B1 = Medi-Cal Outreach B (Discounted)
 B2 = Medi-Cal Outreach B (Discounted)
 B3 = Medi-Cal Outreach B (Discounted)
 C = Facilitating Medi-Cal Application (Not Discounted)
 D = Medi-Cal Non-Emergency, Non-Medical Transportation

E = Contracting for Medi-Cal Services
 F = Program Planning and Policy Development
 G= MAA Coordination and Claims Administration
 H = MAA Implementation Training

DHS USE ONLY		
CP Reference No. _____	Original Approval Date: _____	Amendment Approval Date: _____

INSTRUCTIONS FOR CLAIMING UNIT

Methods for allocating Costs

In order for the Local Educational Consortium (LEC) to claim the costs of Medi-Cal administrative activities (MAA) performed by the reporting claiming units, the following methods for allocating costs have been approved by the Department of Health Services (DHS):

1. Employee time studies.
2. Direct charges. Direct charging based on employee salaries must be supported by a signed certification statement (included on the direct charge worksheet). Direct charging for non-salaried costs must be supported by receipts for actual costs incurred.

Using the Standardized Claiming Plan Format

On the following pages, forms for each of the allowable MAA are provided. A description of the MAA and instructions for preparing the claiming plan are on the reverse of each form. The forms may be used by claiming units for the preparation of claiming plans. The claiming plan information must be presented in the same order as requested in the instructions.

Each claiming unit is required to provide the information requested beginning on page 3 of the standardized claiming plan format. (The numbers shown below correspond to the numbers shown on page 3 of the standardized claiming plan format). Complete page 3 of the standardized claiming plan by entering:

1. The name of the LEC, and the claiming plan submittal date.
2. The name of the claiming unit performing MAA.
3. The total number of staff employed in the claiming unit.
4. The claiming unit's California District Code Number (CDCN)
5. The claiming unit's address.
6. The name of the claiming unit contact person.
7. The address of the claiming unit contact person.
8. The phone number of the claiming unit contact person.
9. A brief description of the specific functions performed by the claiming unit.
10. The job classifications for each of the staff who completed a time study or whose costs will be direct charged for the performance of MAA and for which an invoice will be submitted. If some staff in a classification are considered skilled professional medical personnel (SPMP) and other staff are considered non-SPMP, enter the information for SPMP staff on one line and enter the information for non-SPMP staff in the same job classification on a separate line.
11. The number of staff who are SPMP or non-SPMP.
12. The number of staff performing MAA by type of activity.

Each Claiming unit must attach to its claiming plan:

1. The documents required to support each of the MAA the LEC claiming unit intends to claim for federal matching funds. The documents required are listed on the instructions provided for each MAA. Identify the MAA supported by each submitted document by placing on the front of each document the letter assigned to the MAA. The letters assigned to the MAA are listed at the bottom of page 3. For example A = Medi-Cal Outreach A, B1 = Medi-Cal Outreach B1, B2 = Medi-Cal Outreach B2, B3 = Medi-Cal Outreach B3, C = Facilitating Medi-Cal Application, etc. Next to the MAA letter place the number of the document. For example if three documents are submitted to support the activity Medi-Cal Outreach A, separately number the documents as A-1, A-2, and A-3.
2. Position descriptions and/or duty statements for each staff performing the MAA identified in the claiming plan. The position descriptions and/or duty statements must clearly show the performance of the MAA identified in the claiming plan as being part or all of the employee's duties. The MAA duties described on the position descriptions and/or duty statements must be clearly identified. To clearly identify the MAA duty, place next to each MAA duty the letter assigned to the MAA. The letters assigned to the MAA are listed at the bottom of page 3. For example A = Medi-Cal Outreach A, B1 = Medi-Cal Outreach B1, C = Facilitating Medi-Cal Applications, etc.

(A) MEDICAL OUTREACH A

- NOT DISCOUNTED -

(Attach additional pages if needed. See description and instructions on reverse side.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

**MEDI-CAL OUTREACH A
- NOT DISCOUNTED -**

DESCRIPTION

Medi-Cal Outreach A is a campaign, program, or ongoing activity that is targeted to:

1. Bringing potential eligibles into the Medi-Cal system for the purpose of determining Medi-Cal eligibility.
2. Bringing Medi-Cal eligible people into Medi-Cal services.

Medi-Cal Outreach A is a campaign or programs that is directed toward:

1. The general population for the purpose of providing information about the Medi-Cal program in order to encourage those individuals who may be eligible for Medi-Cal to apply for Medi-Cal.
2. Bringing Medi-Cal eligibles into specific Medi-Cal covered services, such as Early and Periodic Screening, Diagnosis and Treatment [EPSDT] (known in California as Child Health and Disability Prevention Program [CHDP]). In such campaigns the language should clearly indicate that the message is directed only to persons eligible for Medi-Cal and not the general public. These campaigns are service campaigns, targeted specifically to Medi-Cal services.

NOTE:

- Public health campaigns that contain a discrete segment targeted only to bringing Medi-Cal eligibles into Medi-Cal covered services may be claimed as Outreach A only for the targeted segment.
- Information and referral activity that involves referring Medi-Cal eligibles to Medi-Cal providers, or referring potential Medi-Cal eligibles exclusively to Medi-Cal eligibility workers are allowable as Outreach A.
- A targeted case manager may not claim both MAA and TCM.

Subcontracting

The Local Educational Consortium (LEC) may subcontract with non-governmental agencies or programs to conduct Outreach A. If the LEC chooses to direct charge the Outreach A performed by subcontractors, the contracts must clearly describe the Outreach A to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH A CLAIMING PLAN

For *each* campaign, program, or ongoing outreach, provide the following information. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach A performed. (Select from 1. and/or 2. shown above).
2. Provide a clear description of how each Outreach A activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the length of time of the Outreach A, i.e. days and/or hours.
5. Provide the location(s) where the Outreach A will be conducted.
6. Provide the number of times Outreach A will be conducted during the fiscal year or indicate if Outreach A is an ongoing activity.
7. If using other than time surveys, describe how the costs of Outreach A will be developed and documented.
8. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach A campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach A to be performed, how the time spent performing Outreach A will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**(B1) MEDI-CAL OUTREACH B1
- DISCOUNTED -**

CLIENT COUNT OR OTHER METHOD

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

Methodology Approved for Calculating the Medi-Cal Discount: (Place checkmark next to methodology to be used.)

☐ Client Count ☐ Check here if submitting unapproved methodology. Explain methodology below:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

**MEDI-CAL OUTREACH B1
- DISCOUNTED -
CLIENT COUNT**

DESCRIPTION

Medi-Cal Outreach B1 is a campaign, program, or ongoing activity that is directed toward bringing both Medi-Cal and non-Medi-Cal persons into health care services. Since these campaigns are only allowable to the extent they bring Medi-Cal eligibles into Medi-Cal services, the following outreach activities must be discounted by the Medi-Cal percentage:

1. Campaigns directed toward bringing specific high-risk populations into health care services.
For example: Media or direct contact Outreach B campaigns directed to high-risk populations, such as low-income or substance-abusing pregnant women, diabetics, HIV-positive persons, TB cases, etc., when these campaigns target both Medi-Cal and non-Medi-Cal eligibles and the health care services are covered by Medi-Cal.
2. Telephone, walk-in, or drop-in services for the purpose of informing or referring persons, including Medi-Cal eligibles, to services covered by Medi-Cal.
3. Conducting specific Medi-Cal health education programs that are included as part of a broader general health education program. The Medi-Cal portion may be allowable if the cost of the general health education program is discounted according to the Medi-Cal percentage.

The approved methods to calculate the discount are (1) county-wide average, and (2) Medi-Cal actual client count. Local Educational Consortium (LEC) may use other reasonable methods to calculate the discount. The Department of Health Services (DHS) and the Health Care Financing Administration (HCFA) will review the methods during the review of the claiming plan.

NOTE: A targeted case manager may not claim both MAA and TCM.

Subcontracting

The LEC may subcontract with non-governmental agencies or programs to conduct Outreach B1. If the LEC chooses to direct charge the Outreach B1 performed by subcontractors, the contracts must clearly describe the Outreach B1 to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH B1 CLAIMING PLAN

For *each* campaign, program, or ongoing Outreach B1, provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach B1 performed. (Select from 1, 2, and/or 3, shown above.)
2. Provide a clear description of how each Outreach B1 activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the method for calculating the Medi-Cal discount.
5. Provide the length of time of the Outreach B1, i.e. days and/or hours.
6. Provide the location(s) where the Outreach B1 will be conducted.
7. Provide the number of times the Outreach B1 will be conducted during the fiscal year or indicate if Outreach B1 is an ongoing activity.
8. If using other than time surveys, describe how the costs of Outreach B1 will be developed and documented.
9. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach B1 campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach B1 to be performed, how the time spent performing Outreach B1 will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**(B2) MEDI-CAL OUTREACH B2
- DISCOUNTED -**

COUNTY-WIDE MEDI-CAL AVERAGE

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

_____ County-wide Medi-Cal Average. Used for Calculating the Medi-Cal Discount.

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

**MEDI-CAL OUTREACH B2
- DISCOUNTED -
COUNTY-WIDE MEDI-CAL AVERAGE**

DESCRIPTION

Medi-Cal Outreach B2 is a campaign, program, or ongoing activity that is directed toward bringing both Medi-Cal and non-Medi-Cal persons into health care services. Since these campaigns are only allowable to the extent they bring Medi-Cal eligibles into Medi-Cal services, the following outreach activities must be discounted by the Medi-Cal percentage:

1. Campaigns directed toward bringing specific high-risk populations into health care services.
For example: Media or direct contact Outreach B2 campaigns directed to high-risk populations, such as low-income or substance-abusing pregnant women, diabetics, HIV-positive persons, TB cases, etc., when these campaigns target both Medi-Cal and Non-Medi-Cal eligibles and the health care services are covered by Medi-Cal.
2. Telephone, walk-in, or drop-in services for the purpose of informing or referring persons, including Medi-Cal eligibles, to services covered by Medi-Cal.
3. Conducting specific Medi-Cal health education programs that are included as part of a broader general health education program. The Medi-Cal portion may be allowable if the cost of the general health education program is discounted according to the Medi-Cal percentage.

The approved method to calculate the discount for Outreach B2 is the county-wide Medi-Cal average. Please refer to Outreach B1 if using the Medi-Cal actual client count or any other reasonable methods to calculate the discount.

NOTE: A LEA Case Manager may not claim both MAA and TCM.

Subcontracting

The LEC may subcontract with non-governmental agencies or programs to conduct Outreach B2. If the LEC chooses to direct charge the Outreach B2 performed by subcontractors, the contracts must clearly describe the Outreach B2 to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs, may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH B2 CLAIMING PLAN

For *each* campaign, program, or ongoing Outreach B2, provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach B2 performed. (Select from 1, 2, and/or 3, shown above.)
2. Provide a clear description of how each Outreach B2 activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the length of time of the Outreach B2, i.e. days and/or hours.
5. Provide the location(s) where the Outreach B2 will be conducted.
6. Provide the number of times the Outreach B2 will be conducted during the fiscal year or indicate if Outreach B2 is ongoing activity.
7. If using other than time surveys, describe how the costs of Outreach B2 will be developed and documented.
8. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach B2 campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach B2 to be performed, how the time spent performing Outreach B2 will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**(B3) MEDI-CAL OUTREACH B3
- DIS COUNTED -**

CalWORKS CLIENT COUNT (Three Options)

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

Methodology Approved for Calculating the Medi-Cal Discount: (Place checkmark next to methodology to be used.)

_____ Adjusted CalWORKS Count _____ Unadjusted CalWORKS Count _____ DHS Tape Match

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

**MEDI-CAL OUTREACH B3
- DISCOUNTED -
CalWORKS CLIENT COUNT**

DESCRIPTION

Medi-Cal Outreach B3 is a campaign, program, or ongoing activity that is directed toward bringing both Medi-Cal and non-Medi-Cal persons into health care services. Since these campaigns are only allowable to the extent they bring Medi-Cal eligibles into Medi-Cal services, the following outreach activities must be discounted by the Medi-Cal percentage:

1. Campaigns directed toward bringing specific high-risk populations into health care services.
For example: Media or direct contact Outreach B campaigns directed to high-risk populations, such as low-income or substance-abusing pregnant women, diabetics, HIV-positive persons, TB cases, etc., when these campaigns target both Medi-Cal and non-Medi-Cal eligibles and the health care services are covered by Medi-Cal.
2. Telephone, walk-in, or drop-in services for the purpose of informing or referring persons, including Medi-Cal eligibles, to services covered by Medi-Cal.
3. Conducting specific Medi-Cal health education programs that are included as part of a broader general health education program. The Medi-Cal portion may be allowable if the cost of the general health education program is discounted according to the Medi-Cal percentage.

The approved methods to calculate the discount are (1) Adjusted CalWORKS Count, (2) DHS Tape Match, or (3) Unadjusted CalWORKS count. Local Educational Consortium (LEC) may use other approved methods to calculate the discount. LEC's must submit request for other approved methodology(s) 30 days prior to submitting the claiming plan (amendment). The Department of Health Services (DHS) and the Health Care Financing Administration (HCFA) will review the methods during the review of the claiming plan.

NOTE: A targeted case manager may not claim both MAA and TCM.

Subcontracting

The LEC may subcontract with non-governmental agencies or programs to conduct Outreach B3. If the LEC chooses to direct charge the Outreach B3 performed by subcontractors, the contracts must clearly describe the Outreach B3 to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH B3 CLAIMING PLAN

For *each* campaign, program, or ongoing Outreach B3, provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach B3 performed. (Select from 1, 2, and/or 3, shown above.)
2. Provide a clear description of how each Outreach B3 activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the method for calculating the Medi-Cal discount.
5. Provide the length of time of the Outreach B3, i.e. days and/or hours.
6. Provide the location(s) where the Outreach B3 will be conducted.
7. Provide the number of times the Outreach B3 will be conducted during the fiscal year or indicate if Outreach B3 is an ongoing activity.
8. If using other than time surveys, describe how the costs of Outreach B3 will be developed and documented.
9. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach B3 campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach B3 to be performed, how the time spent performing Outreach B3 will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

(C) FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE)
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE)

DESCRIPTION

This activity includes the following tasks separately or in combination: NOTE: this activity does not include the eligibility determination itself.

1. Explaining Medi-Cal eligibility rules and the Medi-Cal eligibility process to prospective applicants.
2. Assisting an applicant to fill out a Medi-Cal eligibility application.
3. Gathering information related to the application and eligibility determination/redetermination from a client, including resource information and third-party liability (TPL) information as a prelude to submitting a formal Medi-Cal application to the county welfare department.
4. Providing necessary forms and packaging all forms in preparation for the Medi-Cal eligibility determination.

NOTE: A LEA targeted case manager may not claim both MAA and TCM.

Subcontracting

The LEC may subcontract with non-governmental agencies or programs to conduct Eligibility Intake. If the LEC chooses to direct charge the Eligibility Intake performed by subcontractors, the contracts must clearly describe the Eligibility Intake to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

INSTRUCTIONS FOR PREPARING THE FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE) CLAIMING PLAN

Provide the information listed below. Identify the information by using the same numbering sequence as shown below:

1. Identify the Eligibility Intake objective. (Select from 1, 2, 3, and/or 4, shown above).
2. Provide a clear description of how the Eligibility Intake activity will be performed to achieve the objective. For example, identify the staff performing the activity, describe what is performed, indicate when and where it is performed, and explain the purpose of performing it.
3. Indicate whether the Eligibility Intake is performed by the LEC's subcontractors or by claiming unit staff.
4. Provide the name(s) and address(es) of the subcontractor(s), if applicable.
5. If using other than time surveys, describe how the costs of the Eligibility Intake will be developed and documented.

Documents Required

Attach to the claiming plan the following documents:

1. Copies of any materials unique to or designed by the claiming unit for use in conjunction with this activity.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

(D) MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

Methodology Approved for Calculating the Medi-Cal Discount (Place checkmark next to methodology to be used.)

_____ **Client Count** _____ **Check here if submitting unapproved methodology.**
Explain methodology below:

_____ **County-Wide Average**

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION

DESCRIPTION

This activity includes arranging and/or providing non-emergency, non-medical transportation of Medi-Cal eligibles to Medi-Cal services, and when medically necessary, accompaniment by an attendant. This activity is claimable only if the Local Educational Consortium (LEC) incurs actual allowable costs, such as taxi vouchers, bus tokens, mileage, costs of vans, drivers, etc. If no actual cost is borne the activity cannot be claimed.

NOTE: This activity cannot be claimed if it is performed by a Targeted Case Management (TCM) case manager. The TCM rate includes the costs incurred by case managers for arranging and/or providing transportation for, and/or accompanying Medi-Cal eligibles to Medi-Cal services.

In situations where a LEC operates a separate transportation unit or contracts for the provision of transportation services, the costs of the unit or the contractor of actually providing the Medi-Cal non-emergency, non-medical transportation services for Medi-Cal eligibles to Medi-Cal services is an allowable Medi-Cal administrative cost. Costs may be calculated on a per mile or per trip basis for each Medi-Cal client transported or by any other reasonable method.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION CLAIMING PLAN

For *each* type of transportation performed, provide the following information. Identify the information by using the same numbering sequence as shown below.

1. Individually list and clearly describe each allowable type of transportation activity: (a) Arranging non-emergency, non-medical transportation; (b) Providing non-emergency, non-medical transportation; and (c) Accompanying Medi-Cal eligibles to Medi-Cal services.
2. Provide a clear and specific description of how each type of transportation activity will be performed to achieve the objective.
3. Provide the name(s) of the subcontractor(s) performing the transportation, if applicable.
4. Provide the method used to determine time and costs when the activity is performed by claiming unit staff or by subcontractors, and how the cost is calculated.
5. Provide the method for calculating the Medi-Cal discount.

Documents Required

Attach to the claiming plan the following documents:

1. Copies of those sections of contracts that clearly describe the transportation to be performed; how the time spent performing the transportation will be documented; how the transportation will be charged, e.g., per mile, per trip, etc.; how the rate is calculated; and that show the effective date of the contract.
2. Documents that support the calculation of transportation costs. For example: sales receipts for vans, salary schedules for drivers, etc.

(E) CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES

DESCRIPTION

This activity involves entering into contracts with community-based organizations or other provider agencies for the provision of Medi-Cal services and/or Medi-Cal Administrative Activities (MAA).

NOTE: Local Educational Consortias (LECs) have the option of claiming the costs of contract administration for allowable MAA, such as Outreach, under that activity or the costs may be claimed under Contract Administration. Under no circumstances are the costs of contract administration for allowable MAA to be claimed under both Contract Administration and the activity, such as Outreach. Contracting for Medi-Cal Services may only be claimed under Contract Administration.

Contracting for Medi-Cal Services and/or MAA is claimable as MAA under activity AE≡ when the administration of those contracts meets all of the following criteria:

1. The contract administration is performed by an identifiable unit of one or more employees, whose tasks officially involve contract administration, according to their job position descriptions.
2. The contract administration involves contractors that provide Medi-Cal services and/or MAA.
3. The contract administration is directed to one or more of the following goals:
 - a. Identifying, recruiting, and contracting with community agencies as Medi-Cal services and/or MAA contract providers.
 - b. Providing technical assistance to Medi-Cal subcontractors regarding county, state, and federal regulations.
 - c. Monitoring provider agency capacity and availability.
 - d. Ensuring compliance with the terms of the contract.

Discounted Costs

The contracts being administered must be for Medi-Cal services and/or MAA and may involve Medi-Cal populations only or may involve Medi-Cal and other indigent, non-Medi-Cal populations. When the contract involves a Medi-Cal and non-Medi-Cal population, the costs of contract administration may be discounted by the Medi-Cal percentage. In addition, another reasonable basis may be used by LECs for apportioning the time of employees who administer contracts involving Medi-Cal and non-Medi-Cal activities and services.

Direct Charge

If employees perform contract administration 100 percent of their time, the activity should be claimed on the direct-charge portion of the MAA invoice.

INSTRUCTIONS FOR PREPARING THE CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

Provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Individually list each type of contract administered by the claiming unit and describe how staff perform contract administration for each contract listed.
2. For each contract, indicate whether the contract is for Medi-Cal populations only or for a combination of Medi-Cal and non-Medi-Cal populations.
3. For those contracts that combine both Medi-Cal and non-Medi-Cal populations, indicate the Medi-Cal population served by each contract and the methodology used for determining the Medi-Cal percentage.
4. For each contract, explain the method for allocating time spent by employees between Medi-Cal and non-Medi-Cal contract functions, if this method of discounting will be used.

Documents Required

Attach to the claiming plan the following documents:

- Copies of a sample of the contracts being administered.

(F) PROGRAM PLANNING AND POLICY DEVELOPMENT
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

PROGRAM PLANNING AND POLICY DEVELOPMENT

This activity is claimable as Medi-Cal Administrative Activities (MAA) when program planning and policy development (PP&PD) is performed, either part-time or full-time, by one or more Local Education Agency (LEA) employees and subcontractors whose tasks officially involve PP&PD. LEA employees performing PP&PD must have the tasks identified in the employees' position descriptions/duty statements. If the programs serve both Medi-Cal and non-Medi-Cal clients, the costs of PP&PD activities must be allocated according to the Medi-Cal percentages being served by the programs.

Direct Charge

Costs may be claimed on the direct-charge portion of the MAA invoice if the employee performs PP&PD activities 100 percent of their paid working time. This activity is claimable ONLY if the administrative amounts being claimed for PP&PD persons and activities are not otherwise included in other claimable cost pools; and the amounts being claimed for such persons employed by (and activities taking place in) a service provider setting are not otherwise being reimbursed through the billable service rate of that provider. Costs for persons performing PP&PD functions less than 100 percent of their time will be based on a time-survey.

Under the conditions specified above, the following tasks are allowable as MAA under PP&PD:

1. Developing strategies to increase Medi-Cal system capacity and close Medical service gaps. This includes analyzing Medi-Cal data related to a specific program or specific group.
2. Interagency coordination to improve delivery of Medi-Cal services.
3. Developing resource directories of Medi-Cal services/providers.
4. For subcontractors, some PP&PD support services are allowable, such as developing resource directories, preparing Medi-Cal data reports, conducting needs assessments, or preparing proposals for expansion of Medi-Cal services.

Not Allowable

1. This activity is not allowable if staff performing this function are employed full-time by LEC service providers, such as school based clinics. The full costs of the employee's salary are assumed to be included in the billable fee-for-service rate and separate MAA claiming is not allowed.
2. This activity is not allowable if staff who deliver services part-time in a LEC service provider setting, such as a clinic, are performing PP&PD activities relating to the service provider setting in which they deliver services.

INSTRUCTIONS FOR PREPARING THE PROGRAM PLANNING AND POLICY DEVELOPMENT CLAIMING PLAN

Provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. The units or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP).
2. Individually list each type of allowable PP&PD tasks performed by the staff.
3. Provide the location(s) where the activity(ies) is performed.
4. Indicate whether staff perform PP&PD activities full-time or part-time. For part-time performance of activities, indicate whether staff deliver direct services part-time in a billable setting and identify the setting.
5. Explain how the Medi-Cal discount percentage will be determined.
6. Describe the method that will be used for claiming i.e., direct-charge or time-studies, and explain the method for determining time and costs.
7. Indicate whether and which PP&PD activities are being performed by contractors or consultants.

Documents Required

Attach to the claiming plan the following documents:

1. List of subcontractors, if applicable.
2. Copies of any contracts entered into for the performance of PP&PD that:
 - (a) clearly describe the PP&PD to be performed.
 - (b) describe how the time spent performing PP&PD will be documented.
 - (c) the effective date of the contract.
 - (d) the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount), and
 - (e) the dollar amount to be paid to the contractor.
3. Resource directories, if available.

A listing of staff employed in service provider settings who are involved with the four allowable MAA tasks above which are: developing strategies, interagency coordination, developing resource directories, and contracted support services. As noted above, PP&PD is not allowable if staff performing this function are employed by LEC providers, such as clinics.

(G) MEDI-CAL ADMINISTRATIVE ACTIVITIES COORDINATION AND ADMINISTRATION
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

MEDI-CAL ADMINISTRATIVE ACTIVITIES COORDINATION AND CLAIMS ADMINISTRATION

DESCRIPTION

The Medi-Cal Administrative Activities (MAA) Coordinator and claims administration staff may claim the costs of the following activities, as well as any other reasonable activities directly related to the local educational consortium (LEC) administration of MAA at the LEC-wide level. All of these activities must be detailed in the claiming plan.

1. Drafting, revising, and submitting MAA claiming plans.
2. Serving as liaison with claiming programs within the LEC and with the state and federal governments on MAA. Monitoring the performance of claiming programs.
3. Administering LEC claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims on an LEC-wide basis to the state.
4. Attending training sessions, meetings, and conferences involving MAA.
5. Training LEC program and subcontractor staff on state, federal, and local requirements for MAA claiming.
6. Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

Direct Charge

LEC employees whose position descriptions/duty statements include the administration of MAA on a LEC-wide basis may claim directly for the costs of these activities on the MAA invoice as a direct charge.

In addition, costs incurred in MAA coordination and in the preparation and submission of MAA claims at any level, including staff time, supplies, and computer time, may be direct charged. If the MAA Coordinator and/or claims administration staff are performing this function part-time, along with other duties, the MAA Coordinator and/or claims administration staff must certify the percentage of total time spent performing the duties of MAA coordination and/or claims administration. (Do not assign a percentage of time spent on each allowable activity. Provide only the total percentage of time spent performing all the applicable activities listed in numbers 1 through 6 above.) The percentage certified for the MAA Coordinator/claims administration staff activities must be used as the basis for federal claiming.

NOTE: The costs of the MAA Coordinator's time and claims administration staff time must not be included in the MAA claiming, since the costs associated with the time are to be direct charged. Charges for supervisors, clericals, and support staff for these employees may be allocated based upon the percentage of certified time of the MAA Coordinator and claims administration staff.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL ADMINISTRATIVE ACTIVITIES COORDINATION AND CLAIMS ADMINISTRATION CLAIMING PLAN

Provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Individually list each type of allowable MAA coordination and claims administration performed and describe how staff perform this activity.
2. Indicate whether staff perform this activity part-time in addition to other duties.
3. Describe the method that will be used for claiming, i.e. direct charge or time studies.
4. Indicate whether any coordination or claims preparation activities are being performed by contractors or consultants.

Documents Required

- Attach copies of any contracts entered into for the performance of LEC coordination or claims administration activities.

(H) MAA IMPLEMENTATION TRAINING
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Educational Consortium:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

MAA IMPLEMENTATION TRAINING

DESCRIPTION

Training, which may be given or received by persons other than MAA Coordinator and Claims Administration staff, related to the overall implementation of the MAA program.

Note: Training related to the performance of a specific MAA must be claimed to the activity to which it relates, e.g., outreach, facilitating Medi-Cal application, etc. Do not include references to training for a specific MAA in this section.

Not Claimable Under MAA

Training unrelated to the performance of MAA must be charged to the related program, e.g., LEA Medi-Cal Billing Option, including Targeted Case Management (TCM).

INSTRUCTIONS FOR PREPARING THE TRAINING CLAIMING PLAN

Provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Individually list (by course title, if applicable) and clearly describe each allowable type of training activity and how it relates to the MAA.
2. The frequency of the training.
3. The approximate number of staff who, as a part of their job, perform the training. (Position descriptions/duty statements must list training as one of their duties.)
4. Indicate for each training course the approximate number of staff expected to attend the training course during the fiscal year.
5. Describe the method of determining time and costs for this activity when it is performed in-house or by subcontractors.

Documents Required

Attach to the claiming plan the following documents:

1. A list of subcontractors, if direct-charge invoices will be submitted.
2. Copies of those sections of the contracts that clearly describe the Training to be performed, how the time spent performing the Training will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining the direct-charge claiming, i.e. the amount charged per training attendee or session.

TRAINING

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No.

Original Approval Date:

Amendment Approval Date:

TRAINING

DESCRIPTION

Training, which may be given or received, includes training in general Medi-Cal program overview, such as: Services and changes in services, specific Medi-Cal Administrative Activities (MAA), e.g., Outreach Eligibility Intake, etc.; general managed care program overview; completing MAA time studies and reporting requirements; and technical updates on Medi-Cal eligibility. Training must be related to the performance of MAA and must be claimed to the activity it relates to, e.g., Outreach, Eligibility Intake, etc. If the training is related to the performance of MAA and overlaps several MAA categories, the training time may be divided among the individual MAA categories it relates to: Training unrelated to the performance of MAA must be charged to the related program, e.g., Targeted Case Management (TCM), Maternal and Child Health (MCH), Child Health and Disability Prevention (CHDP), etc.

The only skilled professional medical personnel (SPMP) administrative training activities that are allowable at the 75 percent federal financial participation (FFP) rate are those that directly relate to the SPMP's performance of his or her allowable SPMP administrative activities. Reimbursement cannot be claimed for medical or health-related training provided to or conducted by an SPMP. Training for SPMPs and nonSPMPs that is directly related to MAA that are nonenhanced is matched at the 50 percent FFP rate.

INSTRUCTIONS FOR PREPARING THE TRAINING CLAIMING PLAN

1. Individually list (by course title, if applicable) and clearly describe each allowable type of training activity and how it relates to the MAA.
2. The frequency of the training.
3. The approximate number of staff who, as a part of their job, perform the training. (Position descriptions/duty statements must list training as one of their duties.)
4. Indicate for each training course the approximate number of staff expected to attend the training course during the fiscal year.
5. Describe the method of determining time and costs for this activity when it is performed in-house or by subcontractors.

Documents Required

Attach to the claiming plan the following documents:

1. A list of subcontractors, if direct-charge invoices will be submitted.
2. Copies of those sections of the contracts that clearly describe the Training to be performed, how the time spent performing the Training will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining the direct-charge claiming, i.e. the amount charged per student or session.

**DOCUMENTS REQUIRED FOR EACH
MEDI-CAL ADMINISTRATIVE ACTIVITY**

<p>A - Medi-Cal Outreach A (Not Discounted) B - Medi-Cal Outreach B1, B2 and B3 (Discounted)</p>	<p>Flyers, announcements, or any materials that describe the outreach campaigns. If materials are unavailable at the time of submission of the claiming plan, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.</p> <p>Position descriptions/duty statements for the staff performing the MAA</p> <p>A list of subcontractors.</p> <p>Copies of those sections of the contract that clearly describe the outreach to be performed, how the time spent performing the outreach will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge costs (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor for outreach A and/or B.</p>
<p>C - Facilitating Medi-Cal Application (Eligibility Intake)</p>	<p>Materials unique to or designed by the claiming unit for use in conjunction with this activity.</p> <p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A list of subcontractors.</p> <p>Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge costs (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.</p>
<p>D - Medi-Cal Non-Emergency, Non-Medical Transportation</p>	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Copies of those sections of contracts that clearly describe the transportation to be performed; how the time spent performing the transportation will be documented; how the transportation will be charged, e.g., per mile, per trip, etc.; how the rate is calculated; and that show the effective date of the contract.</p> <p>Documents that support the calculation of transportation costs. For example: sales receipts for vans, salary schedules for drivers, etc.</p>
<p>E - Contracting for Medi-Cal Services</p>	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Copies of a sample of the contracts being administered.</p>

**DOCUMENTS REQUIRED FOR EACH
MEDI-CAL ADMINISTRATIVE ACTIVITY
(CONTINUED)**

F - Program Planning and Policy Development	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A listing of subcontractors</p> <p>Copies of any contracts entered into for the performance of PP&PD that: (a) clearly describe the PP&PD to be performed: (b) described how the time spent performing PP&PD will be documented: (c) the effective date of the contract: (d) if direct charging, the method used for determining the direct-charge costs (including application of the Medi-Cal percentage discount): and (e) the dollar amount to be paid to the contractor for PP&PD.</p> <p>Resource directories, if available, and a list of service providers that are involved with developing strategies, interagency coordination, and developing resource directories.</p>
G - MAA Coordination and Claims Administration	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A certification statement from staff who perform this function in addition to other duties that indicates the percentage of total time spent performing this activity.</p> <p>Copies of any contracts entered into for the performance of LEC claims administration.</p>
H - MAA Implementation Training	<p>Position descriptions/duty statements for persons other than MAA Coordination and Claims Administration staff giving or receiving training related to the overall implementation of the MAA program.</p> <p>Copies of those sections of the contracts that clearly describe the Training to be performed, how the time spent performing the Training will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining the direct-charge claiming, i.e. the amount charged per training attendee or session.</p>

CLAIMING PLAN REVIEW RECORD

Name of LEC:	
Name of Reviewer:	Date of Review:

INFORMATION RECEIVED FROM LEC	YES	NO
ACertification Statement≡ form completed and signed.		
Table of contents, listing by section, each claiming unit included in the claiming plan.		

CLAIMING PLAN APPROVAL		
Claiming Plan Approved:	() Yes () No	Date:

IF NO: Date of letter to LEC:
Date Claiming Plan Returned to DHS:

Corrected Claiming Plan Approved:	() Yes () No	Date:
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IF YES: Date Forwarded to HCFA:
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Date of HCFA approval:
Date LEC Notified of Approval:
Effective Date of Claiming Plan:

AMENDMENTS TO CLAIMING PLAN		
Amendment No.:	Date Received:	
Approved:	() Yes () No	Date:
IF NO: Date of letter to LEC:		
Date Amendment Returned to DHS:		
Corrected Amendment Approved:	() Yes () No	
IF YES: Date Amendment Forwarded to HCFA:		
Date of HCFA Approval:		
Date LEC Notified of Approval:		
Effective date of Amendment:		

Name of Claiming Unit:		
INFORMATION RECEIVED FROM CLAIMING UNIT		YES NO
"Claiming Unit Functions" form completed		

COMMENTS:

MEDI-CAL ADMINISTRATIVE ACTIVITIES PERFORMED BY CLAIMING UNIT	
Medi-Cal Outreach A (Not Discounted)	
Medi-Cal Outreach B1 B2 (Discounted)	
Facilitating Medi-Cal Application (Eligibility Intake)	
Medi-Cal Non-Emergency, Non-Medical Transportation	
Contracting for Medi-Cal Services	
Program Planning and Policy Development	
MAA Coordination and Claims Administration	
MAA Training	
MAA Implementation Training	

MEDI-CAL OUTREACH A	YES	NO
1. Claiming plan identifies the type of Outreach A to be performed. (Selected from 1 and/or 2 of pg. 6 of "Preparing the Medi-Cal Administrative Activities Claiming Plan.")		
2. A clear description is provided of how each Outreach A activity will be performed to achieve the objective.		
3. The population targeted is identified.		
4. The length of time of the Outreach A is provided in days and/or hours		
5. The location of where the Outreach A will be conducted is provided.		
6. The number of times Outreach A programs/campaigns will be conducted during the fiscal year is provided. <i>Reviewer, if claiming plan indicates that Outreach A is an ongoing activity only, mark N/A.</i>		
7. Claiming plan indicates if Outreach A is an ongoing activity. <i>Reviewer, if not applicable, mark N/A.</i>		
8. Claiming plan indicates that time surveys will not be used and describes how the costs of Outreach A will be developed and documented. <i>Reviewer, if not applicable, mark N/A.</i>		
9. The names of subcontractors are provided when applicable. <i>Reviewer, if not applicable mark N/A.</i>		

COMMENTS:

MEDI-CAL OUTREACH A DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA		
2. Flyers, announcements, or any materials that describe the Outreach A campaigns.		
3. If claiming plan indicates that materials are not available, is a statement included that gives the location of where the materials will be maintained for future DHS and HCFA review.		
4. A list of subcontractors. <i>Reviewer, if not applicable mark N/A.</i>		
5. Copies of those sections of contracts that clearly describe the Outreach A to be performed, how the time spent performing Outreach A will be documented, and that show the effective date of the contract.		
6. If direct charging, does the contract clearly show the method to be used for determining direct-charge costs claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.		

COMMENTS:

MEDI-CAL OUTREACH B1 or B2 or B3	YES	NO
1. Claiming plan identifies the type of Outreach B to be performed. (Selected from 1. 2. and/or 3. of pg. 8 of "Preparing the Medi-Cal Administrative Activities Claiming Plan.")		
2. A clear description is provided of how each Outreach B activity will be performed to achieve the objective.		
3. The population targeted is identified.		
4. The method for calculating the Medi-Cal discount is provided.		
5. The length of time of the Outreach B is provided in days and/or hours.		
6. The location of where the Outreach B will be conducted is provided.		
7. The number of time Outreach B programs and/or campaigns will be conducted during the fiscal year . <i>Reviewer, if claiming plan indicates that Outreach B is an ongoing activity only, mark N/A.</i>		
8. Claiming plan indicates that Outreach B is an ongoing activity. <i>Reviewer, if not applicable, mark N/A.</i>		
9. Claiming plan indicates that time surveys will not be used and describes how the costs of Outreach B will be developed and documented. <i>Reviewer, if not applicable, mark N/A.</i>		
10. The names of subcontractors are provided when applicable. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

MEDI-CAL OUTREACH B1 or B2 or B3 DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA		
2. Flyers, announcements, or any materials that describe the Outreach B programs/campaigns.		
3. If claiming plan indicates that materials are not available, is a statement included that gives the location of where the materials will be maintained for future DHS and HCFA review.		
4. A list of subcontractors. <i>Reviewer, if not applicable, mark N/A.</i>		
5. Copies of those sections of contracts that clearly describe the Outreach B to be performed, how the time spent performing Outreach B will be documented, and that show the effective date of the contract. <i>Reviewer, if not applicable, mark N/A.</i>		
6. If direct charging, does the contract clearly show the method to be used for determining direct-charge costs claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE)	YES	NO
1. Claiming plan identifies the Eligibility Intake objective. (Selected from 1. 2. 3. and/or 4. of pg. 10 of "Preparing the Medi-Cal Administrative Activities Claiming Plan.")		
2. A clear description is provided of how the Eligibility Intake will be performed to achieve the objective.		
3. Claiming plan indicates if the Eligibility Intake is performed by the LGA's subcontractors or by claiming unit staff.		
4. The names and addresses of the subcontractors are provided. <i>Reviewer, if not applicable, mark N/A.</i>		
5. Claiming plan indicates that time surveys will not be used and describes how the costs of Eligibility Intake will be developed and documented. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE) DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA		
2. Copies of any materials unique to or designed by the claiming unit for use in conjunction with this activity.		
3. A list of subcontractors if claiming plan indicates direct-charge invoices will be submitted. <i>Reviewer, if not applicable, mark N/A.</i>		
4. Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing Eligibility Intake will be documented, and that show the effective date of the contract. <i>Reviewer, if not applicable, mark N/A.</i>		
5. If direct charging, does the contract clearly show the method to be used for determining direct-charge costs (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION	YES	NO
1. Claiming plan individually lists and clearly describes each allowable type of transportation activity.		
2. A clear description is provided of how the transportation activity is performed to achieve the objective.		
3. The names of subcontractors are provided. <i>Reviewer, if not applicable, mark N/A.</i>		
4. The method for calculating the Medi-Cal discount is provided.		
5. The claiming plan provides the method used to determine time and costs when the activity is performed by claiming unit staff or by subcontractors, and how the cost is calculated.		

COMMENTS:

MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA		
2. Copies of those sections of contracts that clearly describe the transportation to be performed, how the time spent performing the transportation will be documented, how the transportation will be charged, e.g., per mile, per trip, etc.; how the rate is calculated; and that show the effective date of the contract. <i>Reviewer, if not applicable, mark N/A.</i>		
3. Documents that support the calculation of transportation costs. For example: sales receipts or vans, salary schedules for drivers, etc.		

COMMENTS:

CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES	YES	NO
1. Claiming plan individually lists each type of contract administered by the claiming unit and describes how staff perform contract administration for each contract listed.		
2. Each contract indicates whether the contract is for Medi-Cal populations only or whether the contract is for a combination of Medi-Cal and non-Medi-Cal populations.		
3. For those contracts that combine both Medi-Cal and non-Medi-Cal populations, the claiming plan indicates the Medi-Cal population served by each contract and the methodology used for determining the Medi-Cal percentage. <i>Reviewer, if not applicable, mark N/A.</i>		
4. An explanation is provided of the method for allocating time spent by employees between Medi-Cal and non-Medi-Cal contract functions. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA		
2. Copies of a sample of the contracts being administered.		

COMMENTS:

PROGRAM PLANNING AND POLICY DEVELOPMENT	YES	NO
1. Claiming plan individually lists each type of program planning and policy development (PP&PD) performed by full-time or part-time staff.		
2. Claiming plan provides the location where the activity is performed.		
3. Claiming plan contains an explanation of how the Medi-Cal percentage will be determined.		
4. Claiming plan contains an explanation of the method for determining time and costs.		

COMMENTS:

PROGRAM PLANNING AND POLICY DEVELOPMENT DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing MAA.		
2. Resource directories. NOTE TO REVIEWER: If claiming plan indicates that resource directories are not available, please note that in this space.		
3. A list of service providers that are involved with developing strategies, interagency coordination, and developing resource directories.		

COMMENTS:

MAA COORDINATION AND CLAIMS ADMINISTRATION	YES	NO
1. Claiming plan individually lists each type of coordination/claims administration performed and describes how staff perform this activity.		
2. Claiming plan indicates whether staff perform this activity part-time in addition to other duties.		
3. Claiming plan indicates the method that will be used for claiming this activity, i.e. direct charge or time studies.		
4. Claiming plan indicates whether any claims preparation activity is being performed by contractors or consultants. <i>Reviewer, if not applicable, mark N/A.</i>		

COMMENTS:

MAA COORDINATION AND CLAIMS ADMINISTRATION DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing training.		
2. Copies of any contracts entered into for the performance of LEC claims administration		

COMMENTS:

MAA IMPLEMENTATION TRAINING	YES	NO
1. Claiming plan individually lists and clearly describes allowable type of training activity and how it relates to the overall Implementation of the MAA program.		
2. Claiming plan indicates the frequency of the training.		
3. Claiming plan provides the approximate number of staff who, as a part of their job, perform the training. <i>Reviewer, position descriptions/duty statements must list MAA Implementation Training as one of their duties.</i>		
4. Claiming plan provides, for each MAA Implementation Training listed, the approximate number of staff expected to attend during the fiscal year.		
5. Claiming plan contains a description of the method of determining time and costs when the activity is performed in-house or by subcontractors.		

COMMENTS:

MAA IMPLEMENTATION TRAINING DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff person, other than MAA Coordination and Claims Administration staff, performing training.		
2. A list of subcontractors if the claiming plan indicates direct-charge invoices will be submitted.		
3. Copies of those sections of the contracts that clearly describe the training to be performed, how the time spent performing the training will be documented, and that show the effective date of the contract.		
4. If direct charging, does contract clearly show the method used for determining the direct-charge costs, i.e. the amount charged per student or session.		

COMMENTS:

TRAINING	YES	NO
1. Claiming plan individually lists and clearly describes allowable type of training activity and how it relates to the MAA program.		
2. Claiming plan indicates the frequency of the training.		
3. Claiming plan provides the approximate number of staff who, as a part of their job, perform the training. <i>Reviewer, position descriptions/duty statements must list training as one of their duties.</i>		
4. Claiming plan provides, for each training listed, the approximate number of staff expected to attend during the fiscal year.		
5. Claiming plan contains a description of the method of determining time and costs when the activity is performed in-house or by subcontractors.		

COMMENTS:

TRAINING DOCUMENTS RECEIVED	YES	NO
1. Position descriptions/duty statements for each of the staff performing training.		
2. A list of subcontractors if the claiming plan indicates direct-charge invoices will be submitted.		
3. Copies of those sections of the contracts that clearly describe the training to be performed, how the time spent performing the training will be documented, and that show the effective date of the contract.		
4. If direct charging, does contract clearly show the method used for determining the direct-charge costs, i.e. the amount charged per student or session.		

COMMENTS:

CLAIMING PLAN AMENDMENT CHECKLIST

	CHANGES THAT MAY OR MAY NOT REQUIRE AN AMENDMENT TO EXISTING MAA CLAIMING PLANS COULD CONSIST OF THE FOLLOWING: LEC: Name of Claiming Unit: Submittal Date:	Need To Submit Amendment To Your MAA Claiming Plan?	Y
1	Change in the originally submitted ORGANIZATION CHART .	No	
2	Change in ADDRESS, PHONE NUMBER, OR MAA COORDINATOR for a Claiming Unit.	No	
3	Addition of new CLAIMING UNIT .	No *	
4	Inactivity (i.e., non-claiming) of an approved CLAIMING UNIT .	No *	
5	Deletion of previously approved CLAIMING UNIT .	No *	
6	Change in the DESCRIPTION of the specific CLAIMING UNIT functions performed by the Claiming Unit, as described in box #9, on <u>page 3</u> , of the <i>Claiming Plan Instructions</i> .	No	
7	Change in the NAME of the CLAIMING UNIT (which affects the claims / invoicing).	Yes	
8	Addition of <u>new</u> MAA CATEGORY to an existing Claiming Unit; e.g., adding PP&PD. (Note: Amend GRID.)	Yes	
9	Addition of <u>new</u> CAMPAIGN, PROGRAM, OR ACTIVITY that is substantially different from those approved for Outreach AA, AB1, and/or AB2 to an existing Claiming Unit.	Yes	
10	Inactivity (i.e., non-claiming) of an approved MAA CATEGORY for an existing Claiming Unit.	No *	
11	Deletion of previously approved MAA CATEGORY for a Claiming Unit, e.g., deleting PP&PD.	No *	
12	Addition of <u>new</u> POSITION CLASSIFICATIONS performing MAA, as described in <u>box #10</u> , on <u>page 3</u> , of the <i>Claiming Plan Instructions</i> . (Note: Amend GRID and submit position descriptions/duty statements.)	Yes	
13	Deletion of a classification from the STAFF JOB CLASSIFICATION GRID , as described in <u>box #10</u> , on <u>page 3</u> of the <i>Claiming Plan Instructions</i> .	No	
14	Change in the existing POSITION DESCRIPTION/DUTY STATEMENT .	No	
15	Change in the total NUMBER OF STAFF for which MAA will be claimed -- increase or decrease of <u>25% or more</u> than the number in the approved Claiming Plan. (Note: Amend GRID).	Yes	

16	Change in the number of staff who are SPMP or NON-SPMP , as described in <u>box #11</u> , on <u>page 3</u> of the <i>Claiming Plan Instructions</i> .	No	
17	Addition of a <u>new</u> SUBCONTRACTOR to an existing Claiming Unit. (Note: Submit copies of those sections of contract that describe the activity to be performed.)	Yes	
18	Change in the types of CONTRACTS for which “Contracting for Medi-Cal Services and MAA” is performed.	No	
19	Inactivity (i.e., non-claiming) of an approved SUBCONTRACTOR for an existing Claiming Unit.	No *	
20	Deletion of previously approved SUBCONTRACTOR from an existing Claiming Unit.	No *	
21	Change in the METHODOLOGY used in calculating the Medi-Cal <u>discount percentage</u> for MAA.	Yes	
22	Change in the METHODOLOGY used for determining how the <u>time and costs</u> for MAA will be developed and documented.	Yes	
23	Change in how (methodology/basis) the rate is calculated for TRANSPORTATION costs .	Yes	
24	Increase/decrease in TRANSPORTATION costs (however, methodology is the same).	No	
25	Change in the TARGETED POPULATION(S) , e.g., addition of pregnant teens who need treatment.	No	
26	Change in the LOCATION(S) where an approved MAA will be performed; e.g., changing the location from the “Main School Clinic” in Martinez, to the “Central School Clinic” in Pittsburgh.	No	
27	Change in the NUMBER OF TIMES outreach campaigns, programs, or activities will be conducted; e.g., changing from weekly to bi-weekly.	No	
28	OTHER:		

* Even though amendments are not required for these **inactive and/or deletions**, if the local educational consortium (LEC) resumes claiming for these categories, please be sure the previously approved Claiming Plan is still applicable.

It is required that this *Checklist* accompany the MAA Claiming Plan amendment, along with a cover letter from the LEC and a new **Certification Statement** containing a new date and signature. This *Checklist* is not an all-inclusive listing of Claiming Plan amendment situations. If a circumstance arises that is not listed on this *Checklist*, please explain the situation under #29 above, or attach additional explanation. Also, be sure that the **Table of Contents** is resubmitted to reflect any changes. **ONLY** the pages of the existing MAA Claiming Plan, that are changing, need to be amended and submitted to the Department of Health Services (DHS). Please **DO NOT** resubmit the entire MAA Claiming Plan.

NOTE: If none of the items checked on the *MAA Claiming Plan Amendment Checklist* require an amendment, do not submit the *Checklist* to DHS.